



# Department of Business License

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DIRECTOR

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[http://www.co.clark.nv.us/business\\_license](http://www.co.clark.nv.us/business_license)

## REQUEST FOR REFUND

Please be specific as to the reason for the refund and include the following information:

**Refund amount request:** \_\_\_\_\_ **(Application fees are non-refundable)**

**Business Name:** \_\_\_\_\_

**Business Location Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Business License Number:** \_\_\_\_\_

**Business Owner(s) Name(s):** \_\_\_\_\_

**Contact Telephone Number(s):** \_\_\_\_\_

Date application for business license was filed: \_\_\_\_\_

### REASON FOR REFUND REQUEST:

Please mark reason(s) for request and give brief explanation below:

- ☐ APPLICATION WITHDRAWN
- ☐ ZONING/BUILDING/FIRE DENIAL
- ☐ BOARD DENIAL (BCC or L&G)
- ☐ OVERPAYMENT of FEES
- ☐ FEES PAID IN ERROR
- ☐ FEES PAID ON INCORRECT LICENSE NUMBER
- ☐ DUPLICATE FEES PAID
- ☐ BUSINESS NEVER OPENED OR OPERATED
- ☐ BUSINESS MOVED TO ANOTHER JURISDICTION

**Issuing Agency:** \_\_\_\_\_ **Date License Issued:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

- ☐ OTHER

Explanation of request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail refund to:

**Payable to:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_